

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/676876	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	/		/		/		68						
19	/		/		/		69						
20	/		/		/		70						
21	/		/		/		71						
22	/		/		/		72						
23	/		/		/		73						
24	/		/		/		74						
25	/		/		/		75						
26	/		/		/		76						
27	/		/		/		77						
28	/		/		/		78						
29	/		/		/		79						
30	/		/		/		80						
31	/		/		/		81						
32	/		/		/		82						
33	/		/		/		83						
34	/		/		/		84						
35	/		/		/		85						
36	/		/		/		86						
37	/		/		/		87						
38	/		/		/		88						
39	/		/		/		89						
40	/		/		/		90						
41	/		/		/		91						
42	/		/		/		92						
43	/		/		/		93						
44	/		/		/		94						
45	/		/		/		95						
46	/		/		/		96						
47	/		/		/		97						
48	/		/		/		98						
49	/		/		/		99						
50	/		/		/		100						
TOTAL IND.	11		11		1		TOTAL IND.						
TOTAL DEP.	15		15		6		TOTAL DEP.						
TOTAL CLAIMS	26		26		7		TOTAL CLAIMS						